Caption of Case)  Example: Application for a Class C Charter Certificate from  John Doe dba Doe's Limo  )  )  )  )  )  )  )  )  )  )  )	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET NUMBER:  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you, have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: Nancy Wood	Telephone: 803-837-2919 28
Address: 137 Fort Congaree Trail  Apt. 723  Cayce SC 29033  NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service Company of th	Fax:  Other:  803-269-9365  Email: Woodnb 209 mail. Com  s nor supplements the filing and service of pleadings or other papers.
be filled out completely.  NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	
Application - Class C Taxi	Request for Name Change on Certificate  Request to Amend Scope of Authority
Application - Class C Charter	1
Application - Class C Charter Bus	Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit
Application - Class C Non-Emergency	L Reducat
pplication - Class C Stretcher Van	Exhibit  Late-Filed Exhibit
pplication - Class E Household Goods	Late-Filed Exhibit  Letter  Letter
pplication - Class E Hazardous Waste	
pplication	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	
If you have any questions about this form, please contact the	PUBLIC SERVICE COMMISSION at 803-896-5100.

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone:	(803)	896-5100
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Fax: (803) 896-5199

293424 8 Posted 8-21-29

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0202-61-80 'W'd 90:98:00

801-736-4168

	APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER	<b>PROCESSING</b>
CL		
Ap <sub>j</sub> of S	plication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision 3.C. Code Ann., § 58-23-10, ct seq. (1976), and amendments thereto.	)20 August 21
1.	Precise Care Transit, LLC ame under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.):	11:53 A
<u> </u>	37 Fort Congaree Trail, Apt. 723, Cayce, SC 29033	M - SCRSC
_		1
4	803-837-2919 NIA	2020-201-T
	Woodh blace gmall. com	ı
Se	the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina cretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South	Page 2 of 16
3. \$	Select Entity Type: (Check one)	•
İ	Individual Owner/Sole Proprietorship	
1	Partnership - List names and address of all person having an interest in the business.  Corporation - List names and addresses of two principal officers.	
		22
	Perome Furnace, Ir. 1137 Fort Congaree Trail, Apt. 723, Cayce, SC 2908	יננ
	19033.	
	1 of 8	

2.

1803-736-4168

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **Financial Statement**

Applicant's assets and liabilities are as follows:

Assets:	
Value of Real Estate	0
Value of Motor Vehicles	0
I .	

\$7,000.00

000.00 Cash on Hand

Value of Other Assets and Equipment

**Total Assets** 

Cash in Bank

]	ji	ιb	il	it	ies	1
_						•

1

ed in this application and submi	ts the following	ACCE
ent		ACCEPTED FOR
T !- L!!!!!		OR F
<u>Liabilitie</u>	<u> </u>	ž
Mortgage/Loan on Real Estate	D	) CE
Loans Owed on Motor Vehicles	0	PROCESSING PROCESSING
Business/Other Loans Owed	0	J i
Other Liabilities or Debts	0	<u> 2020</u>
Total Liabilities	0	August 21 11:53 AM - SCPSC
		ıst 2
1		<u></u>
		1:53
	•	3 AM
t value of any real property/buildir	igs owned by the	<u>-</u> S
		Section
ance on any Mortgage, Equity Line	e or other Loan secured	SC-
a .		202
ed value of any moving vans, truck e.	s or other vehicles	2020-201
alance on any loans or liens on the	vehicles listed in Item 3	<u>,</u>
pany/Business applying for a Certif	icate on the day this	Page 3
ce on any small business loan or or or applying for a Certificate.	ther unsecured loan	3 of 16

### **INSTRUCTIONS:**

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

2 of 8

# ACCEPTED FOR PROCESSING - 2020 August 21 11:53 AM - SCPSC - 2020-201-T - Page 4 of 16

### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$1.25 - \$1.45 per Mile.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Cherokee	

Florence

1	•	
		~~

Marion

Saluda

Aiken

Chester

r

Lexington

rtanburg
rtanburg

Allendale

Chestertieto	1
Clarendon	

Greenville Greenwood

Marlboro

	 Danith	
1		

Union

Anderson Bamberg

	Colleton
1.1	Colleton

Hampton

McCormick

Williamsburg
--------------

Statewide

Barnwell

Ш	Dariii	ngtor

Horry

Newberry
----------

York

Beaufort

Berkeley

Dillon

Jasper

$\Box$	CCOTCC

Orangeburg

٦	Calhour
	Camour

Edgefield

Dorchester

Kershaw

Pickens

-	Charleston

Fairfield

٦	Laurens

Richland

-	_	_
3	OT:	X

# ACCEPTED FOR PROCESSING - 2020 August 21 11:53 AM - SCPSC - 2020-201-T - Page 5 of 16 **DESCRIPTION OF EQUIPMENT** Mou are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle. Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.) 1-7 Passengers, including driver 8-15 Passengers, including driver WHEEL **CHAIR** MAKE YEAR & MODEL VIN# **EMPTY WEIGHT** LIFT

4 of 8

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8019-057-508 6 0202-91-80.m.q.bc;52:50

	INSURA	NCE QUOTE			C
This form MUST BE COMPLETE	n.			*	£
The insurance quote must be complet insurance policies may be required. E purchase insurance until your applica	e, listing current insurar	insurance policies unless	requested. You v	vill not be required to	U
The following insurance quote is					スてん
Na	ncy Wood	d			CH
	Nam	e of Applicant			SS
1137 Fort Congarce	Trail, Apt 72	3, Cayce, SC	29033		SING <sub>1</sub> - 2
Amount of Premium:	2.29 W	or representation			2020 August 21 11:53
	0.41.00				SuA
Liability Insurance \$ 18	291.00	_			Just
The above quoted premium is fo		months			2
Minimum Limits - Bodily in	jury and property dam	age limits will not be le	:ss		<u> </u>
than the following:	, , ,			nits Quoted	53 /
White Coulined Fook Cours		\$ 1,000,000	B1.000	,000	$\mathbb{R}$
Liability Combined Each Occur Medical Payments per Person		\$ 1,000		000	- S
Medical Fayments per reison		<b>\$ 1,000</b>	1 72 0)		SCPSC
Illoclovedo on d	Lawerc Inc	urance Anni	10 CU		Ç
Upchurch and	Name of	Insurance Company	ricy		120
and which tokall S	Locat DA Bo	N 893 Cando	en 50, 2	9021-0893	2020-2
2004 West DeKalb S	Home Office	e Address of Company	41, 00 2	1021 00:0	201
		- ,			<u>+</u>
					Pa
_	d de Gamaignique E	les and Deculations re	lating to incure	nce requirements and	Page 6 of 16
I, the Applicant, am familiar wi	m me Commissions r mum insurance limits	prescribed. The insuran	ce company ma	aking this quote is	0.0
authorized by the South Carolin	a Department of Insu	rance to do business in S	South Carolina.	5 1	<sup>-</sup> 16
	-				
NOTICE:			: :	- with C.C. Cada Amm	
If you wish to self-insure your m Sections 56-9-60 and 58-23-910.	otor vehicles for habili	ty and property damage, y	you must compl of Motor Vehicl	y with S.C. Code Ann. es at (803) 896-8457 or	
(803) 896-9903.	TOL HOLD HIOLHILLON,	, dotteres ma to dimension.			
		amonting assume as in Pass	ith Carolina von	may do so with the San	141-
If you wish to apply as a sclf-ins Carolina Worker's Compensation	ured for worker's comp commission (WCC)	provided that you will be	able to: 1) post	a surety bond or letter-o	,ц. )f-
credit with the WCC for a mining	num of \$500,000, 2) ag	ree to pay a yearly self-in	isurance tax, and	l 3) agree to pay an	
arnual assessment to the South (	Carolina Second Injury	Fund. For more informat	ion, contact the	WCC Self-Insurance	
Division at (803) 737-5712 or or	т ще мер ат www.wcc.	State.Sc.us/Sch-Mishiance.	•		
		5 of 8			
<b>II</b> 01 /∠ # 891⊅-98∠-808	!		: SEM:FCV BBCK F	37:90:07-61-80	
107. 002 000			_ 1	20 - 20 - 20 U F OU	

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		Exhibit Fit, Willing, and Able (FWA)	( [] 1
		Nancy Wood	
		Name	
1		tanding judgments against the Applicant?	
	O Yes	⊗ No	Ö
	If Yes, list judgements he		Ğ
		all statutes and regulations, including safety regulations and g h South Carolina, and does Applicant agree to operate in comp	2020
			) (
			Jus
		·	_
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1			
1		i i	) 
			i O
			<u> </u>
	To Applicant familiar with	all statutes and regulations, including safety regulations and g	overning for-hire motor
	carrier operations in Sout statutes and regulations?	h South Carolina, and does Applicant agree to operate in comp	liance with these
١	√ Yes	O No	, K
		1.1	
3	thergwith?	Commission's insurance requirements and the insurance premi	dim costs associated
١	<b> √</b> Yes	O No	
1			<u>c</u>
		: 	C
١			
١			

6 of 8

### **Exhibit on Driver Qualifications**

1.	C	R Certificate or its equiv	/alen	ers must possess at least a current American Red Cross Stat, and records that verify/record such training must be kept business within South Carolina.	
		Yes	0	No	
2.	A	plicant understands that	driv	ers must be in compliance with all OSHA regulations.	1
		Yes	0	No	
3.				ers must be trained in the use of all vehicle installed safety re extinguishers, and other equipment as outlined in PSC R	
		Yes	0	No	
4.	- 1	plicant understands that of th disabilities, including v		ers must be able to physically perform actions necessary to elchair users.	assist persons
		Yes	0	No	
		•			
5.				ers must wear a professional uniform and photo identificatine company for whom the driver works.	on badge that
		Yes	0	No	
6.	of		crify	ers must complete twelve (12) hours of in-service training a free/record such training must be kept on file at the company's	
		<b>√</b> Yes	0	No	
				7 of 8	
0	1 /	6 # 89lt-98Z-8	:803	M;PCV Back Fax	

08-19-70;06:25PM;PCU Back Fax 8014-057-508 6 020Z-61-80 'm'd 95:98:50 8037650121

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. \$58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compilanced therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina mail address as it appears on page one of this Application. To sign up for eservice notifications, please visit www.psc.sc. gov or create a My DMS account.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

ONE?

Title of Applicant (e.g. President, Owner, etc.)

VONDA KAY WHITE Notary Public - South Carolina

This

Commission Expires

VONDA KAY WHILE Notary Public - South Carolina

Title of Applicant (e.g. President, Owner, etc.)

**Print Application** 

of 16

# **Business Entities Online**

# Precise Care Transit, LLC

Business Entities Online File, Search, and Retrieve Documents Electronically		
Precise Car	e Transit, LLC	- RPROC
Corporate Information  Entity Type: Limited Liability Company	Important Dates  Effective Date: 07/31/2020	FOR PROCESSING -
Status: Good Standing	Expiration Date: N/A	
Domestic/Foreign: Domestic	Term End Date: N/A	0 Au
Incorporated State: South Carolina	Dissolved Date: N/A	2020 August 21
Registered Agent  Agent: Nancy B. Wood		111:53 AM -
Address: 1137 Fort Congaree Trail, Apt 723 Cayce, South Carolina 29033		1 - SCPSC
Official Documents On File	2 %	C - 2020- <b>2</b> 01-
Filing Type	Filing Date	-107
Articles of Organization	07/31/2020	- H

For filing questions please contact us at 803-734-2158

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CCEPTED FOR PROCESSING - 2020 August 21 11:53 AM - SCPSC - 2020-201-T - Page 11 of 16

# **Upchurch & Jowers Insurance Agency**

2004 West DeKalb Street Post Office Box 893 Camden, SC 29021-0893 www.upjowers.com Camden - 803-432-8433 Columbia - 803-256-2676 Statewide - 800-922-2449 Fax - 803-432-5469

August 14, 2020

Ms. Nancy Wood Precise Care Transit, LLC 1137 Fort Congaree Trail Apt 723 Cayce, SC 29033

### Dear Nancy:

Thank you for giving us the opportunity to quote on your Business Insurance. On the following pages, you will find our proposal based on the information you gave us. The coverages quoted should meet the requirements set forth by Logisticare Solutions, LLC.

Please review the proposal and let me know if you have any questions or if any changes need to be made.

In addition to a very competitive quote, we offer a staff of trained insurance professionals to handle all your insurance needs. We want your business, and if you have any questions, please call me.

Sincerely,

Andrew

Andrew D. Deese

ADD/las Enclosure



FEDEX OFFICE 1502

# **INSURANCE PROPOSAL**

# Precise Care Transit, LLC 1137 Fort Congaree Trail Apt 723 Cayce, SC 29033

### PRESENTED BY

Andrew D. Deese

### Service

Angie Cooper ACooper.upchu01@insuremail.net

Daley Branham DBranham.upchu01@insuremail.net



Independent insurance Agent

Upchurch & Jowers Insurance Agency, Inc. 2004 West DeKalb Street • Post Office Box 893 Camden, SC 29020

Camden 803-432-8433 Columbia 803-256-2676

> Statewide 1-800-922-2449 Web: www.upjowers.com

8037650121

FEDEX OFFICE 1502

### **INSURANCE PROPOSAL**

### **FOR**

# Precise Care Transit, LLC

## **COMMERCIAL PACKAGE**

### A. General Liability

General Aggregate Limit	\$ 3,000,000
Products Aggregate Limit	\$ Included
Personal Injury & Advertising	
Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Fire Damage Limit	\$ 50,000
Medical Expense Limit	\$ 5,000
Property Damage Deductible	\$ 2,500

### **Professional Liability** В.

Per Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 3,000,000
Deductible	\$ 2,500

### C. Sexual Abuse and Molestation Liability

Per Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 1,000,000
Deductible	\$ 2,500

08/21/2020 11:20

FEDEX OFFICE 1502

# **BUSINESS VEHICLES**

8037650121

				Comp	Coll	Stated
#	Year	Description	VIN	Deduct	Deduct	Value
01	1999	Ford Econoline Van	1891	500	500	4,000

### Coverage

Liability	\$ 1,000,000
Medical Payments	\$ 1,000
Uninsured Motorist	\$ 100,000
Underinsured Motorist	\$ 100,000

### Approved Driver\*: Nancy Wood

\*All additional drivers must be reported to and approved by the insurance company prior to driving any company vehicle

8037650121

Package Liability Premium 3,551.00

Commercial Auto Premium \$ 14,740.00

**Total Account Premium** 18,291.00

PAYMENT PLAN

**Annual Pay** \$ 18,291.00

OR

Premium Finance:

Down Payment 3,898.20 10 Monthly Payments 1,520.30

Includes Taxes, Fees and Finance Charges

FEDEX OFFICE 1502

PAGE 07/01

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### **RECOMMENDATIONS:**

An Excess Umbrella liability policy may be added for an additional, annual premium.